THE SOCIAL AND REHABILITATION

Record

Day Care Centers

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Social and Rehabilitation Service
UNITED STATES DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Volume 3, Number 3, 1976

A New Dimension

Questions that HEW Secretary David Mathews has asked members of the Department to explore include these two:

- How can we open the Department to a greater degree of citizen involvement and public interaction?
- How can we contribute to the improvement of the public debate on social policy and to the thoughtful restatement of the proper relation between people and their government?

With this issue, *The Social and Rehabilitation Record* begins its contribution to answering those questions by opening its pages to viewpoints which will hopefully present several sides to troublesome issues in the areas of Social and Rehabilitation Service programs. Articles in this category will contain disclaimers because viewpoints expressed in them may not necessarily be those of HEW.

You can contribute to this effort by letting us know how you believe SRS programs can be improved. If you think you know a better way, send a brief outline of your suggestions to the Editor, *The Social and Rehabilitation Record.* Remember, we are not seeking professional writers, but professionals with solid ideas. We'll help you put those ideas in shape for publication.

The Editor

THE SOCIAL AND REHABILITATION
Record

Volume 3, Number 3 June 1976

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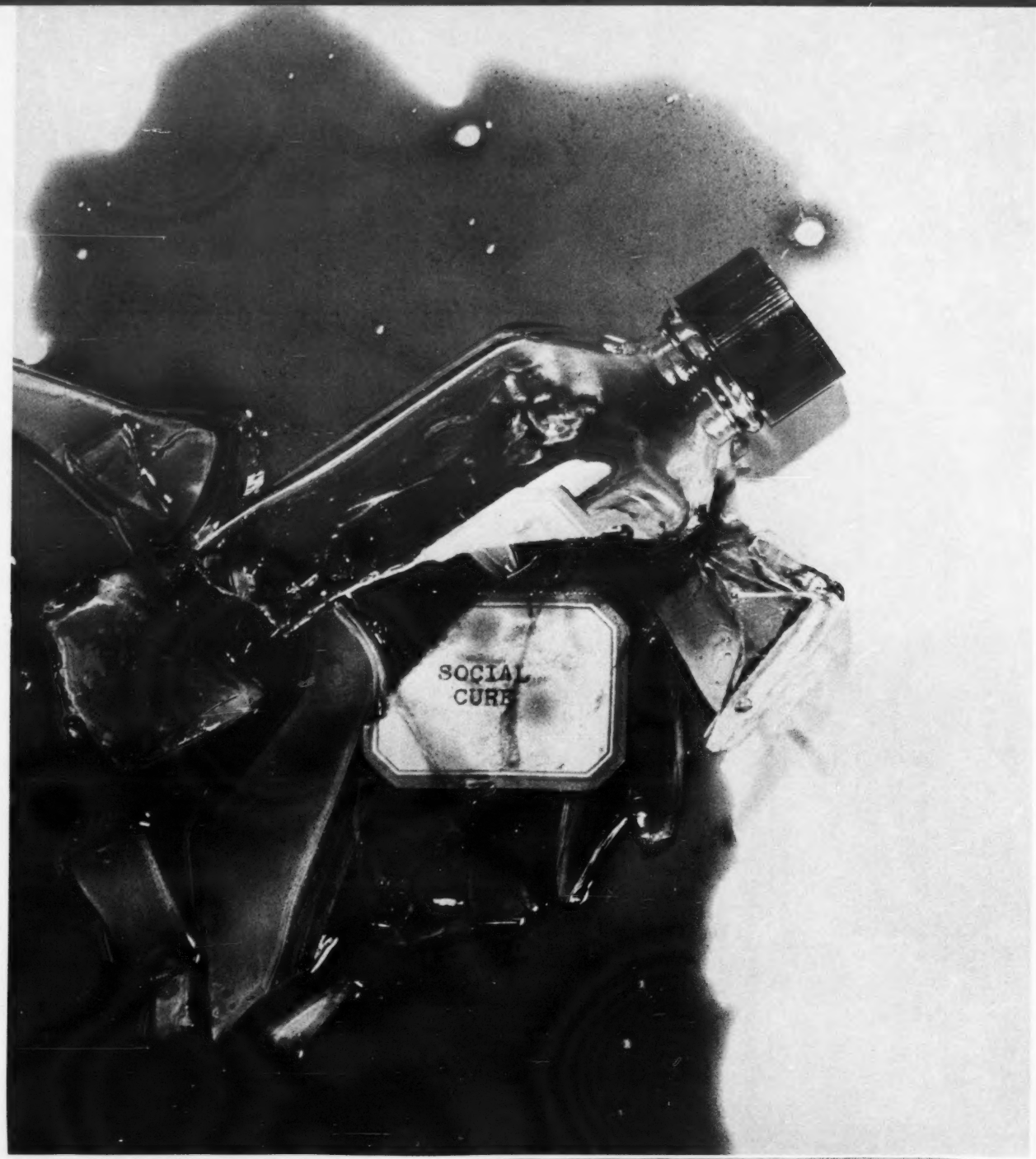

SOCIAL
CURE

Are We Prescribing the Wrong Medicine for Social Ills?

WIN expert Maurice Marsolais says the program should focus on developing better attitudes and personal relationships instead of job training.

Maurice Marsolais

This is Part I of a two-part article. Part II will appear in the July-August issue.

In our efforts to cure the ills of disadvantaged minorities throughout our history we appear to have rushed in with medicine before making a thorough diagnosis of the illness. Often it turned out to be the wrong medicine—and one not even requested by those afflicted.

I'm not aware that the American Indian ever asked for better housing, yet the writer vividly recalls an experiment conducted by a Federal agency some 35 years ago, which shows how misguided some of our efforts have been. It was decided that the Yakima Indians, who lived on a reservation in the State of Washington, could benefit from better housing and that it would be to their advantage "to live like the rest of us."

The agency built some 30 wooden frame houses and encouraged the Indian families to use them as dwelling places. A few months after construction was completed, passers-by could observe the following: The locality resembled a stockyard, most of the windows had been broken out, chickens were roosting on the window sills, goats could be seen peering out of the broken windows and pigs were running around the living room. The Indians obviously had decided that the dwellings so thoughtfully provided by their government were well suited for animal pens but not quite right for Indians. After giving it a fair trial the Indians had returned to their teepees. Thus ended a noble but misguided experiment.

The prescription: training

For at least 10 years hundreds of millions of dollars have been poured into programs to make the disadvantaged "like the rest of us" by offering them training programs containing remedial education and vocational training. This experiment was conceived at the time when acts reflecting social unrest were common—not the best time for forming accurate diagnoses and drawing correct conclusions about what people need and want.

There is nothing to indicate that the disadvantaged were ever consulted before training programs were designed for

them. If they had assessed their own needs, their request might have been for "a series of experiences enabling us to learn something of value about ourselves, taking into consideration cultural differences, starting with the clients where we are, taking us as far as our own capacity permits, according to a training plan designed to strengthen us in areas where our weaknesses have been clinically identified."

It was erroneously concluded that what the disadvantaged needed to put them on an equal footing with others was training programs containing remedial education and vocational training. It was an understandable error. It *did* appear that there was a wide gulf separating the disadvantaged from the mainstream in terms of educational attainment and training received. This would be a correct conclusion only if we knew for certain that remedial education and vocational training are the two most important ingredients of success, in the generally accepted meaning of the term, and there is no evidence to indicate that this is the case. Were it true the formula for propelling the disadvantaged into the mainstream would work more consistently than it does.

Training without results

We have known for some time that in terms of dollars and cents, a WIN client sometimes is better off taking a direct placement than spending a year in a Public Service Employment (PSE) contract, for example. Hence, conventional training is looking less and less like a good investment. In some draft material received from the national WIN office about December 1973, there was a statement suggesting that training (type and duration) plays little or no part in job retention.

The example in the draft was about California's Department of Corrections some years ago. Although that department had the finest curricula available anywhere in remedial education and vocational training, studies on recidivism clearly showed that 55 percent of all inmates paroled the first time would fail and be returned to prison.

This would appear to be another example of faulty diagnosis and false assumptions pertaining to people's needs. It would suggest that there are some other things that need attention before we spend time and money on education and training. Some are the importance of attitude and motivation. This can be seen in another example from this writer's experience.

Socialization is key

Several years ago I was employed by the Welfare Department in Washington, D.C., in a unit which fed enrollees into the WIN training program. Over a period of time I was exposed to case summaries of hundreds of men who were entering the WIN program as unemployed fathers. All of these men had previously been employed at jobs paying anywhere from $1.75 to $4.00 per hour. Thus it can be said that each of them possessed at least one marketable skill. Aside from a few cases of layoffs for legitimate and understandable reasons, the case records revealed, with alarming regularity why these men could not hold jobs; reasons such as:

1) Could not get along with fellow workers.

2) Walked away from job after disagreement with foreman.

3) Habitual tardiness.

4) Excessive absenteeism.

5) Did not call in when sick.

6) Reason unknown—left on Friday.

Seldom did anything in the case summary suggest that these men lost jobs because of any *educational* deficit or *inability to perform* the job assigned. There is the strong suggestion that the problem is tied in with attitudes and involves inability to carry on effective interpersonal relationships.

For the most part these men simply were placed on new jobs. Their biggest problem was never dealt with. For them WIN served as a revolving door type of placement service. A training program operating in this way assures itself of a never-ending stream of clients because the sick never get well.

Interpersonal relationships probably are the most important single factor in our existence, yet no federally funded training program has ever addressed itself to the issue. Instead, we have told the disadvantaged to "get some education, get some training, work hard, be honest and thrifty, and chances are you'll be a success." A disadvantaged person following this philosophy nowadays will be assured at least one thing—hard work and minimal rewards.

The formula for success, as practiced in the mainstream, is somewhat different. It consists of the following:

1. Finding the right system or structure in which to work.

2. Knowing and doing what the job requires.

3. Being in the right place at the right time.

4. Knowing the right people.

5. Being able to relate well to those people.

Training programs as presently constituted offer the wrong things and too much of them. We might accomplish much more by offering a little bit of the right things.

What employers seek

What are employers asking for? What are their wants and needs? Many times in recent years I have heard employers say, "I don't need *trained* people. Send me people who want to work and I will train them my own way." What the employer wants and needs in prospective employees includes the following:

1. The ability to get along with fellow workers and supervisors/foremen.

2. A reasonable degree of cleanliness and neatness.

3. The ability to be on the job most of the time—on time and enough consideration to call in ahead of time in the event of illness or emergency.

4. A modicum of loyalty and trustworthiness.

5. The capacity to absorb enough training to do the job.

Promoting understanding

It is our feeling that a rather poor job has been done of bringing the employer and the disadvantaged together. The government seemed to be cast in the role of wise men bearing symbolic gifts for the employer, which he had neither requested nor earned up to that point. Perhaps people drew the wrong conclusions after observing this process a few times. Were the employer and the disadvantaged natural enemies and was the money a peace offering? Each person must draw his own conclusions.

There are still many misconceptions about the employer, the disadvantaged and the government's efforts to bring the two together.

One thing that is needed is a vehicle to promote a greater degree of understanding between the employer and the disadvantaged. Employers lack knowledge and understanding of the following:

1. The history of the welfare system—its original purpose and intent—how it has trapped people and often made it more profitable to be idle than to work.

2. False assumptions and myths about welfare recipients, minority groups and the disadvantaged (e.g., they are lazy, don't want to work, don't want permanent employment, etc.).

3. The personal impact upon the disadvantaged of the many problems of the disadvantaged—economic, social and political; the personal feelings of inadequacy, worthlessness, isolation, and total futility.

On the other side the disadvantaged often lack understanding of the employer, as a person, and of his many problems and needs:

1. Orientation to the world of business and industry—the free enterprise system—profit and the profit margin.

2. The risks and costs of doing business: what the employer is looking for in employees, the high cost of employee turnover, the costs of training, what type of employee is valued, how to make the most of interpersonal relationships and move ahead and up in the company, how to get off the bottom rung of the ladder, how to get additional training and education at company expense, how to take full advantage of existing opportunities and to create new ones, and how to bargain with the employer.

3. The importance of an understanding and feeling of trust between the employee and his employer—the knowledge that they need each other, and what the employee can do to promote this feeling.

One of the main problems that needs to be solved quickly is how to get employers involved, keep them involved, and build some sort of commitment in them.

The relationship between poverty, politics and power—the disjointed trio—has constituted a social and economic enigma in our society for a number of years.

Business and industry (employers) possess the wherewithal to go a considerable way in ameliorating the conditions stemming from poverty. It is not to say they can do the job unaided. The customary relationship during nearly 10 years of manpower training programs has been for the Federal Government to provide legislation and money while the employer provides job opportunities, is reimbursed for training costs, and sometimes receives bonuses and incentives.

Could the employer do much the same thing without Federal legislation and Federal money? Probably so. Was he ever asked? We do not know.

Money not the answer

Perhaps one of the most common misconceptions held by the general public during the past forty years is that the United States Treasury is a bottomless pit and that money can solve everyone's

problems at any time. Such faith in government is admirable in some respects, but in other respects it is childishly naive and unrealistic.

Money can be used to cause people to do good things, but it is not always possible to ascertain whether people do good things out of principle or because there is money involved. If it is deemed necessary to make such judgments, then we shall make it a point to observe how the same people behave after the money has run out.

Once we get rid of the misconception that people expect to be paid extra money before they will do good things, we can begin to move ahead. We don't know how much employers are willing to do. Generally, they have not been approached by the right people. The job developer—employer relationship is hardly a relationship between peers and equals. The job developer in his present role is a salesman. The employer is a customer who is completely free to say yes or no.

Viewing the job developer as a salesman conjures up an image which we do not like. With the proper structure in a community, the job developer's role can change. He can function more as a liaison person—a coordinator between the employer and the WIN program—both before and after placement—a recognized expert in creating vacancies and upgrading opportunities through job restructuring.

The time has come to try something other than money. Giving money to people to induce them to do something which they ought to do anyhow does not have a character-building effect because it by-passes principle and conscience, not permitting these faculties to develop. It often has a destructive effect. If there are things in our society which we do not like, perhaps we should first look inward and ponder how many times we ourselves have been rewarded for doing nothing.

A community problem

Early in the War on Poverty the public's awareness was awakened to the magnitude of the problems confronting the disadvantaged. For a few years the public conscience was stirred to the point where two groups of neglected persons—the very young and the very old—were motivated to go to far off places to do work that frequently was dirty and dangerous, but which offered a measure of dignity both to the giver and to the recipients. The two programs were Peace Corps and VISTA. During the late 1960's, although the programs remained, the spirit vanished. Since then concern for the disadvantaged has ceased to be a top priority item. Whether it will again become a great national concern remains to be seen.

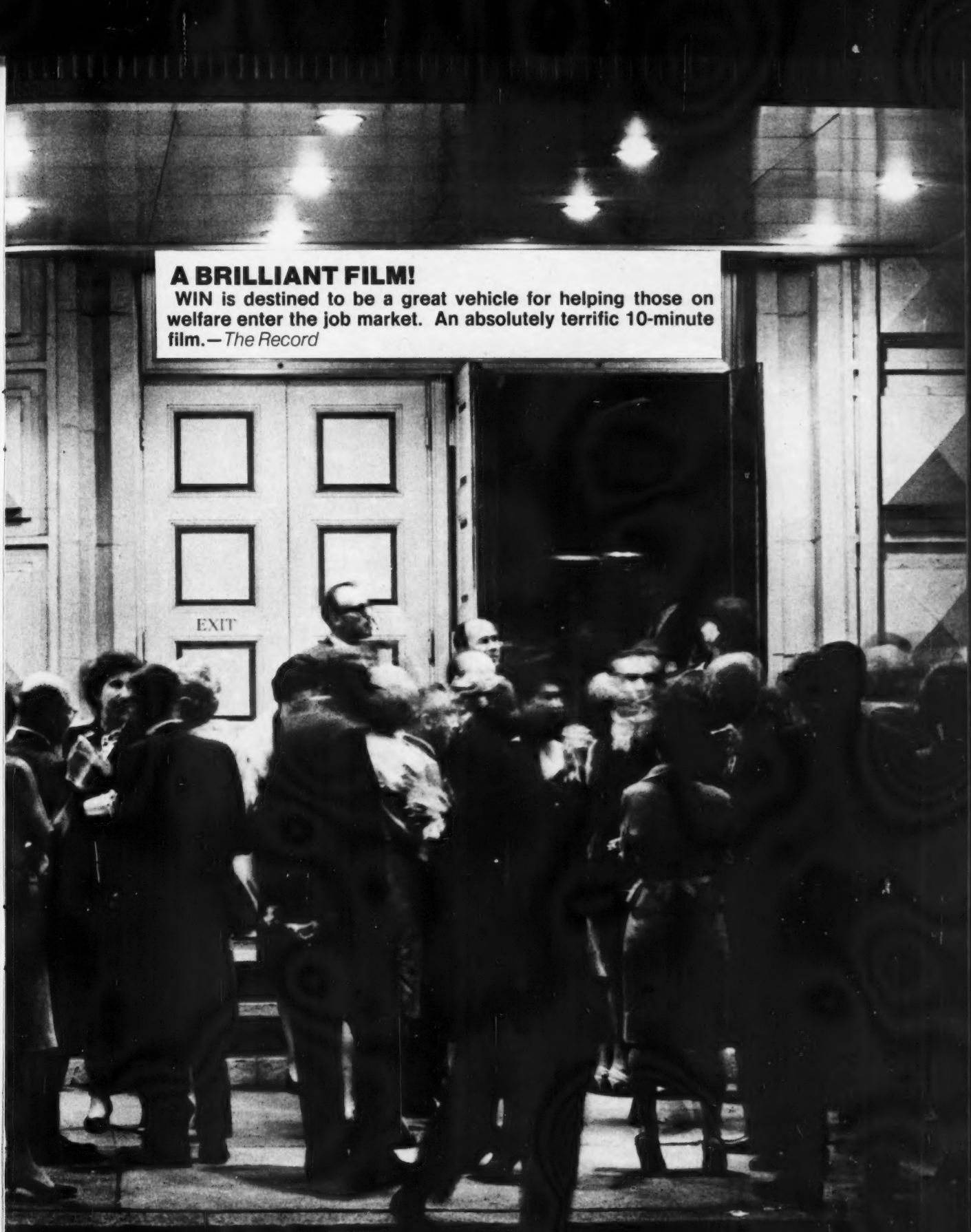
Employers have a wide variety of attitudes toward the community in which they are located and there are great differences in how various employers apply personnel policies and practices. Like most of us they are human beings who forget—and must be reminded from time to time—what their civic responsibilities are. To be effective the reminding must be done by the proper person or persons. Regardless of how an employer might feel, he tends to pay attention to a mayor or city council. Moral persuasion is a more lasting solution than money, most cost-effective and less offensive.

We are reminded of a story about the late Fiorello LaGuardia, Mayor of New York City. A political person perhaps, but one who never forgot his own origin and never lost touch with his people. Mr. LaGuardia was a municipal court judge for some years before becoming mayor. On one occasion a defendant appeared before him charged with stealing a loaf of bread. He was hungry because he hadn't eaten in 3 days. Judge LaGuardia's decision: "I hereby fine everyone in this courtroom fifty cents for living in a city where a man must steal in order to eat."

The money, some $35.00, was turned over to the defendant and the case was dismissed. The lesson: responsibility is part of the price we pay for the space we occupy. Social justice is not handed down from on high. Don't look elsewhere for answers when the solution must come from the community. Justice and responsibility are there but perhaps must be awakened and revitalized.

The power structure can and will serve all groups in the community. If it does not, we are not doing our job properly and everyone in the community is being shortchanged. We must solicit the involvement of those people who can help us remove some of the obstacles which prevent good things from happening. ■

Mr. Marsolais is Special Assistant to the Chief, Division of WIN Operations, Office of Employment Services, D.C. Department of Manpower. His opinions and viewpoints expressed in this article do not necessarily reflect those of the D.C. Department of Manpower or the Department of Health, Education, and Welfare.



A BRILLIANT FILM!

WIN is destined to be a great vehicle for helping those on welfare enter the job market. An absolutely terrific 10-minute film.—*The Record*

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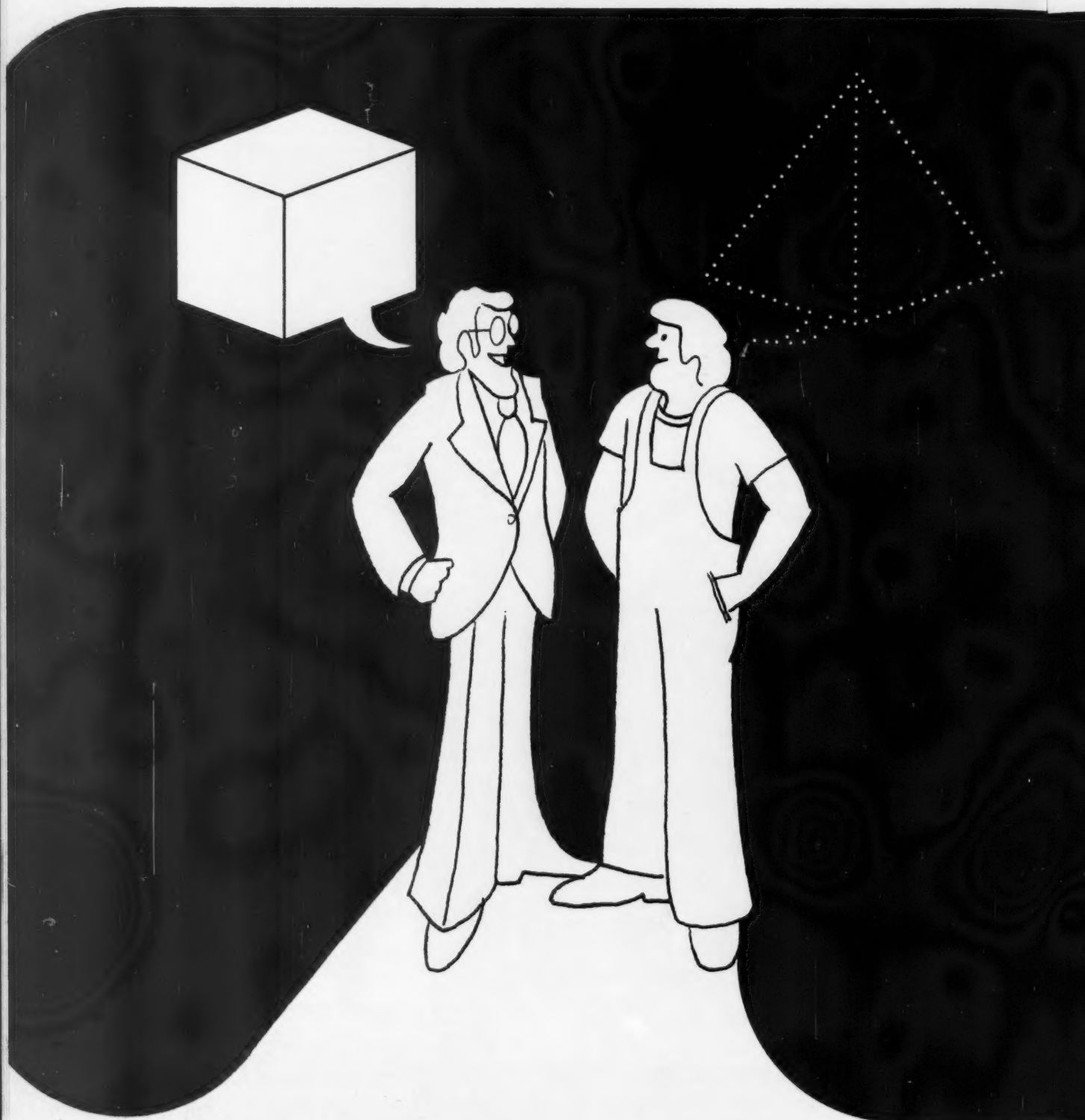


Bridging the Communications Gap to Assess Social Services

Robert N. Foster

Are people's problems solved by human services departments? What constitutes a "successful" case, and who determines "success" using what criteria?

To measure the effectiveness of the services provided by the Maine Department of Human Services, two studies were instituted. The first, completed in 1972, sought to determine if asking the client to help in setting a goal for the department's service contributed or detracted from the effectiveness of the service. The second, completed last year, concentrated on the client's perception of how well the service solved his problem. Both the studies showed more than half the clients reported satisfaction.

In the 1974 study, clients rated service quality and effectiveness high (89 and 82 percent respectively) and felt the services were important (80 percent). However, 37 percent reported the quantity of services was insufficient. Eighty-seven percent of the clients agreed with the caseworker on goals and 78 percent agreed on the services actually provided.

1972 STUDY

In the summer of 1972, the Maine Department of Human Services initiated studies to assess the impact of a recently installed system for delivering social services. (Title 1115 funds supported both the installation of the new system and its evaluation.)

The system emphasized a management-by-objectives approach to the department's delivery of human services. It included research, evaluation, and planning functions, and fiscal and management monitoring systems. Other key components were specific definitions of client populations and goals, of services to meet those goals, and an inventory resource allocation system to provide services.

The client contract

The new system emphasized the collection of input, which was viewed as crucial to the development of client goals. This input would alert regional and State administrators to people's needs. It would also help to assess the impact of the department's service delivery upon those needs. One means of obtaining client input was to draw up a contract between the bureau and each client. It is based on the client's goals and on the services which the agency would supply to meet them.

How well the contract is fulfilled, both in terms of the goals defined and services rendered, would constitute a major means of measuring the agency's success. It would also serve as a basis for improving operational and planning functions.

The Social Welfare Bureau of the Department thus designed and conducted a client service impact analysis to determine the extent to which:

- Clients were actually involved in planning goals and services.
- Services were, in fact, used.
- Client goals were achieved.
- Delivery of services led to successful outcomes for clients' primary problems.

The analysis also tried to identify the factors which help to explain the success or failure at each point in the service delivery process.

Structure of the study

In the 1972 Service Impact Analysis, developed by Mark Stein, Project Director, with assistance from Bellin Associates, the study population consisted of all clients of the Bureau of Social Welfare who received one or more services and whose cases were closed (except for adoption cases) between the inception of the new human service delivery system in October 1971 to the study cut-off date of May 31, 1972.

Eighty-six percent of 2,181 accessible respondents were successfully interviewed. Field interviews, using a structured and precoded questionnaire, constituted the core of the evaluation. The questionnaire elicited the following types of information:

- Original problem.
- Origin of client-agency contact.
- Client's perception of the goals agreed upon and services offered.
- Client's sense of participation in the service delivery planning process.
- Responsiveness of the agency representative to the client's wishes.
- Degree to which goal definition and services offered were what the client originally wanted or were redefined by the worker.
- Client's perception of whether the services were actually delivered.
- Client's perception of the extent to which services were helpful in realizing his overall goal.
- Client's evaluation of the outcome of his original problem.

For purposes of this study, a service is defined as a specific, tangible, measurable, and costable activity or resource provided to the client. A goal is defined as a client's desired state of being in relationship to himself, family, and society in terms of economic, medical, legal, or other functional areas. For example, a client might receive transportation (a service) to enable him to hold a job (a goal).

The results

Clients who began receiving a service and completed it were more likely to report problem solution than those who did not.

Over half of all clients reported their problem was completely solved, although many reported additional needs for services, primarily in health, financial, and employment areas.

Two-thirds of all clients reported receiving and completing a service. Those who requested a service and felt it was not rendered, considered it to be the department's fault. In general, the more clients felt they participated in developing the service plan, the more likely they were to report service completion. Conversely, clients who felt their problem was redefined tended not to report services delivered and completed.

A majority (61 percent) of respondents were unable to distinguish between services provided and the goal towards which those services were directed. Eighty-seven percent and 78 percent, respectively, agreed with the worker on either goals or services actually provided.

About two-thirds of the respondents reported feeling a sense of participation in the process of formulating a service plan. Those respondents who did not share this perception or felt that the worker had redefined their problem were less likely to agree with the agency that services were actually delivered or goals reached. Respondent age, education, and urgency of presenting problem did not significantly affect the ability to differentiate between service provision and goal attainment.

More than half of all respondents reported completely or partially reaching the goals they and the worker agreed upon, although considerable variance was noted. Least success was reported in the areas of housing, education, and employment (relatively new areas for agency intervention) while highest success was reported in transportation, adult protection, health, and home management. Positive factors affecting goal attainment were problem urgency, agreement with worker on both goals and services to be delivered, positive expectations of the agency and participation in the development of the service plan, the nature of the goal to be achieved, and the type of specific service offered. A major negative factor associated with those clients not attaining their goal was the redefinition of individual problems by the worker.

1974 STUDY

Another major consumer impact survey was undertaken by the department in 1974.

This study, although sharing the same general concern for client impact and client judgment of rendered services, was significantly different from the impact analysis conducted by the

Bureau of Social Welfare in 1972. A major focus of the 1972 survey was to see whether the structured goal-setting process between client and agency contributed to or detracted from the effectiveness of the service and successful problem resolution. The 1974 analysis assumed no such specific model and concentrated on the client perception of the helpfulness of the service.

The need for the 1974 survey sprang from the functions developed under terms of the 1967 Amendments to the Social Security Act allowing State agencies to contract with public and private human services agencies under Titles IV and VI. The Maine Department of Health and Welfare, Bureau of Resource Development, has been a leader in utilizing this mechanism to provide a more diversified range of human services.

Contractual agreements with public and private agencies went from nearly zero in 1971 to $7 million in 1973 and approached $11 million in 1975, involving 120 agencies and 60,000 clients. Services included meals, transportation, day care, mental health-mental retardation, family planning, housing, and alcoholism-drug abuse. The Bureau of Resource Development was eager to determine the degree of satisfaction and life impact experienced by those receiving such services. It contracted with an independent research firm to conduct an impact analysis.

A random stratified sample of 6½ percent of the clients receiving services through contractual agreements were interviewed during the summer and fall of 1974. A parallel survey of agencies providing the services was also conducted. Clients were asked to measure the impact of the services in terms of effectiveness, quality and importance. Like the 1972 study, this analysis was statewide, covering both urban and rural areas but with no "cut out" to differentiate between rural and urban dwellers.

The results

In general, clients rated service quality and effectiveness high (89 and 82 percent) and felt the services were important (80 percent). However, 37 percent felt there was insufficient quantity of services. As in the 1972 study, responses did not significantly vary by age or education. Again, a majority of clients felt their primary problems—the specific problems which brought them to the department—were partially resolved as a result of the services. However, intercorrelation analysis of client responses revealed a marked tendency for them to separate services from problems in evaluations, as follows:

- The closer service comes toward meeting expectations, the less the client feels need for other help but the more important it becomes for present help to continue.
- In the client's rating, the effectiveness of the service is not associated with improvement in the primary problem but rather with holding his own as long as the service continues.
- The client's perception of being helped has little, if any, relationship to his perception of changes in his primary problem.

In the 1974 study, agency problem assessment functions were not significantly related to the percentage of clients reporting success. (This relationship was a key point, however, in the 1972 service impact analysis.) A substantial number of agencies indicated that they often redefine problems presented by consumers and provide services accordingly. Cross tabulations with client satisfaction responses showed no correlation between agency problem redefinition and client satisfaction.

There are many reasons why comparisons between the 1972 and 1974 studies are hazardous to make. Client population, agency delivery methods, services offered and research design differ in significant respects in the two studies.

One reassuring result of both surveys is finding that a large majority of clients find the services helpful and significantly related to their current problems.

While the studies have given the department data and experience which considerably advances its knowledge of how to evaluate services, perhaps the most enduring value of the studies is simply that they made pioneer steps in the untried ground of measuring the impact of social services. As a result, the department is able to continue to conduct sophisticated evaluations of both its client impact and the efficiency and effectiveness of its agencies.

Mr. Foster is Grants Manager, Bureau of Resource Development, Maine Department of Human Services.

Day Care Centers Are Nice
But Who Really Uses Them?

Suzanne H. Woolsey

Although concern over the population explosion has caused motherhood to fall into some disrepute of late, day care for children is bidding to replace it as the cause most likely to generate uncritical support from nearly all parts of the political spectrum. *The Post* editorial of March 15, supporting the recent federal day-care bill, vetoed last Tuesday by President Ford, reflects the conventional wisdom that day care is the answer to both liberal and conservative prayers: first, that the program is critical to giving women the opportunity to participate in the work force; second, that, given high enough standards, day care can significantly enhance children's development; and third, that day care centers are themselves good places to employ welfare recipients as staff, and thus to get them off the dole.

Unfortunately, the evidence does not support the contention that day care, especially federally subsidized day care centers, can perform any one of those tasks at all well. The support for heavy federal subsidies for day-care centers is rather based on a congeries of hopes that they can do something about a number of disparate social objectives. The goals, as such, cannot be challenged. But when the supporters of a federal program avoid debating on the merits whether it can do any single job and, instead, take refuge in multiplying the areas in which they claim it can do something, however vague, it is time to stop and look carefully. One cannot help remembering, uncomfortably, that this is the tactic to which the supporters of some of the more worthless Pentagon enterprises of the last few years have been brought from time to time.

Potentially, the most powerful economic and social rationale for subsidized day care is its effect on participation of women in the labor force. Unfortunately, all the evidence to date indicates that *offering* day care has little or no effect on a woman's decision to work. The most generous estimate is that the availability of even free day-care centers, together with the availability of training, explains about 10 per cent of mother's decisions to enter the work force. What matters most is the existence of a job—when that is available, most mothers find a way to cope with the child-care problem.

The WIN program, designed to put welfare recipients to work, has been overwhelmed by volunteers, many of them the mothers of young children—but the problem has been finding jobs, not daycare arrangements. Similarly, when day-care arrangements break down, the predicted job disruption does not appear to occur: a 1973 study in South Carolina of low-income mothers whose day-care center was closed found that everyone continued to work, nearly all in the same jobs, and that each found other arrangements for her children within a few days. Moreover, a 1975 Stanford Research Institute report summarizing studies of the demand for day care among working parents indicates that the type of day care preferred by most parents of *all* income groups is not the formal center but informal arrangements in the home or the neighborhood. In the 1960s several corporations set up day-care centers as a service to their employees; most shut down within a few years for lack of enrollment. The Gary, Ind., income maintenance experiment offered a free high-quality day-care center to the children of welfare mothers at work or in school. There were virtually no takers.

Some of the reasons for this will not surprise anyone who has ever been the parent of a 3-year-old with the sniffles on a rainy winter day. It is much easier to leave him in or near home with a relative or neighbor than to have to decide whether he is sick enough to warrant losing a day of work yourself to stay with him or whether he can safely be taken by public transportation to the center.

When cost is added to the equation, informal care outside centers looks even more attractive. First of all, care at home or with a relative or neighbor costs very little, largely because child care is usually not the sole occupation of the babysitter, who is keeping house at the same time. In 1965, only 25 per cent of working mothers paid for child care at all. Though prices have risen since then, the cost of informal babysitting still is estimated to range from being free to about $800 per year.

When child care becomes a fulltime occupation, rather than a side line, the cost rises significantly if even subsistence wages are paid. In addition, the staff-to-child ratio for preschool children in day-care centers must be quite high (1 to 4 below age 3, to 1 to 7 for 4–5 year olds), so there is little savings possible from having one person care for many children in centers. Consequently, ordinary centers cost upward of $1,600 per child even with staff paid at the minimum wage. As 80 per cent of the costs of day care are staff salaries, the more professional the staff, the higher the cost. Fulltime centers with educa-

tional programs, or all-day public preschools, now cost about the same as tuition in major private universities (between $3,000 and $5,000). Intensive experimental projects run twice that.

But what of employing welfare recipients to staff the centers? Might not enough be saved on welfare payments to make the whole operation financially worthwhile? A dilemma makes that most unlikely—in order to make welfare mothers competitive with the unemployed teachers and trained paraprofessionals now available to work in day-care centers, such costly training is necessary that any saving in reduced welfare outlays is wiped out. HEW's own employees' center was set up in 1970 to show the wisdom of using welfare mothers as staff: The project ended two years later with costs running about $3,600 per child.

But even if most parents do not prefer day-care centers, and they are extremely costly, is it worth it for the children's sake? Research has concentrated on preschools and centers with intensive social and educational programs. Even in these "super centers" the results are mixed. Generally, no significant developmental gains in the children are detected. Occasionally, university-based research centers report short-term gains in IQ and social skills in the children enrolled, but there is not yet evidence that these gains will last long enough to help the child in school, and so far the techniques developed in the hot-house environment of research projects have not been transplanted successfully to other programs.

Day-care centers may to some extent simplify the delivery to poor children of other things they *do* clearly need—better food and medical care, for example—but centers are by no means necessary for such programs.

One cannot resist the feeling that some advocates of day-care centers, especially for the poor, are seized by the idea that they know better what the child needs than do the child's family, relatives or neighbors. For those who harbor such thoughts, the research evidence to date is cold comfort. Prof. Sheldon White of Harvard summarizes that research as showing that adequate day care is neutral in its effect on human development. At least one can say that there is no evidence that day-care centers appear to do any active harm—but in the absence of any good evidence about a positive effect on development, relying on parents' preference for child care at home or at a neighbor's does not seem to be such a bad idea.

Although the public debate about day care has concentrated almost exclusively on day-care centers, federal involvement in day care has, over the years, extended far beyond center programs. The federal program is itself proportionately somewhat more biased toward funding day-care centers than public demand would seem to dictate, but most federal day-care money is still spent for noncenter day care.

Of approximately $1.5 billion of federal money in 25 different subsidy programs, at least one-third reimburses parents directly for the expense of child care through tax deductions or through disregarding the share of income spent on child care when welfare payments are computed. The remainder includes subsidizing in-home and neighborhood arrangements, teacher training, loans to small businesses, experimental preschool programs, and day-care centers. Head Start, which has historically provided some full-day care in addition to its basic half-day preschool program, has itself diversified over the last several years into five different types of programs, with greater attention to the home and much less to the Head Start center.

This brings us back to the arguments about the recently vetoed day-care legislation. Theology aside, the substance of the dispute has to do with the proper staff-child ratio to be imposed on day-care centers, whether the federal government or the states should do the imposing, the amount of time the centers can take to reach that ratio, and the degree to which welfare mothers are to be employed to reach it. Instead of becoming bogged down in that morass we should ask ourselves why we are not, instead, improving tax and welfare payment credits so that working parents can have more money to arrange day care as they best see fit.

Maybe that's throwing money at the problem. But, unlike trying to manage day care for the nation's children from Capitol Hill and HEW, or for that matter, from Albany and Richmond, at least it is not throwing problems at the problem. ■

Ms. Woolsey, a senior research associate at the Urban Institute, worked at HEW from 1970–75. *This article first appeared in* The Washington Post, *April 13, 1976, and is reprinted with permission.* *The opinions and viewpoints expressed in this article are not necessarily those of the Department of Health, Education, and Welfare.*

Publications and Films

Please send all inquiries about publications and films to the addresses appearing in the listings.

Publications

Law for You. Foster Furcolo. Acropolis Books, Ltd., Colortone Building, 2400 17th St., N.W., Washington, D.C. 20009. 192 pages. $7.95 cloth, $3.50 paper.

Law for You seeks to help the average person understand law as it applies to the kind of daily problems he is likely to face.

The book answers questions about such daily problems as adoption, equal rights, social security, welfare, workmen's compensation, support, landlord-tenants, and many more problems.

This useful and perceptive guide, though technically accurate, is simple and easy to read.

College Programs for Paraprofessionals. Compiled by New Human Services Institute, New York City. Human Sciences Press, 72 Fifth ave., New York, N.Y. 10011. $9.95. 135 pages.

College Programs for Paraprofessionals contains nearly one thousand degree-granting programs for paraprofessionals in the human services. It provides immediately accessible information on the proliferating number of training programs in this growing and vital service area for programs leading to careers in hospitals and mental health clinics, drug rehabilitation centers, schools, prisons, and community service agencies.

The entries are conveniently arranged by field of study, State, and institution, including name, address, and telephone number of the person to contact for more information and application procedures. This directory provides guidance counselors and career advisors in schools and colleges, as well as social agencies and educational organizations, the most up-to-date information on existing paraprofessional training programs.

Social Rehabilitation and Poverty. James E. Trela. Vocational Guidance and Rehabilitation Service, 2239 East 55th St., Cleveland, Ohio 44103. 135 pages.

This is one of two monographs that reports on the Cleveland Inner-City Project, operated by the Vocational Guidance and Rehabilitation Service (Cleveland) under a grant from SRS.

This report examines the nature and dimensions of poverty in a minority inner-city population, describes intervention strategy, and reviews the project's impact on the lives of the poor. The report also evaluates the services used in the project and the method of their delivery.

Work Evaluation and Adjustment—An Annotated Bibliography 1947—1974. Ronald R. Fry, editor. Materials Development Center, Department of Rehabilitation and Manpower Services, School of Education, University of Wisconsin—Stout, Menomonie, Wisconsin 54751. $2.50.

There are 801 entries on every aspect of work evaluation and adjustment in this book. The publication contains a keyword index facilitating the location in the bibliography of other annotations on the subject. An author's index is also provided.

When listings were government supported, the project number is provided, enabling retrieval from the agency in question.

Journal of Community Health. Human Services Press, 72 Fifth Ave., New York, N.Y. Annual subscription rate: $35 for institutions, $9.95 (introductory rate) for individuals. Quarterly.

The official journal of the Association of Teachers of Preventive Medicine, this publication is concerned with health care delivery and the prevention of illness, as well as the practice and teaching of community health.

The format includes theoretical articles, policy papers, case histories and book reviews. A representative sampling from each of these categories are respectively: "Some Influences on Public Participation in a Genetic Screening Program," "Evaluating Health Programs: Where Do We Find the Data?," "The Planning and Development of the New York City Neighborhood Family Care Centers," and "Professors as Teachers."

Films

Children in Crisis. A four-set sound and color filmstrip series. Each of the four sets include five 35mm filmstrips, one LP record or three cassettes, five audio script booklets, and one discussion guide. Parent's Magazine Films, Inc., Department FO 980, 52 Vanderbilt Ave., New York, N.Y. 10017. Sale: entire series, $160 with records; $200 with cassettes. Individual sets, $49 with record, $58 with cassettes. All releases are available on approval for 30 days without obligation.

When crisis strikes the family, the young child becomes vulnerable to the trauma it brings and the scars it leaves behind. Each year many children get caught in crisis situations—sometimes because life's unpleasant realities just can't be avoided, and too often, because adults may not be prepared to care for their youngsters.

Children In Crisis is a new audiovisual program designed to guide adults in helping children through some potential crisis situations—death, illness, divorce and separation, and abuse and neglect. This 4-set sound and color filmstrip series offers suggestions on how to most effectively deal with children during times of stress, while helping them cope with the feelings they experience in these situations.

Set 1, "Child Abuse and Neglect," provides insight on why parents become abusers; it investigates the circumstances in their pasts and the present conditions in their daily lives which may stimulate abusive action. These filmstrips explain the type of abuse and neglect, when discipline becomes abuse, and symptoms of abuse. Treatment and prevention for the caregiver is also covered.

The trauma which can come with accepting "Death" as a reality of life is the topic of Set 2. This set supplies information on children's abilities to comprehend the meaning of death at different age and maturation levels, their methods of expressing grief, and the importance of the funeral experience.

Set 3 shows "Illness" from the child's point of view. It looks at a child's reaction when a parent is ill or hospitalized, and through photographed examples, suggests how the caregiver can offer support. In addition this set discusses children's behavior when they are ill, the fears they may have, preparation for a hospital stay and the convalescence period.

Set 4, "Divorce and Separation," considers the effects of family discord, divorce, and separation on the young child. Areas covered include emotional divorce the child's feeling of guilt that he or she is the cause of the parents' unhappiness, and his or her outward reactions. These filmstrips also suggest how to tell children what is happening with their family, along with advice regarding the readjustment period.

Everybody is checking out Title XX's Impact on Day Care Centers

William R. Prosser

Why has there been so much concern about the title XX child day care staffing standards? Are these standards much more difficult to meet than those under the program that ended September 30, 1975?

The new staffing standards are the same as the old for family day care and for center care of 3, 4, and 5 year olds. For center care of school aged children, the new staffing standards are less demanding than the old.

The present concern centers primarily on:

- The first Federal staffing standards for center care of infants and children under 36 months of age.
- The first statutory prohibition of Federal payment for child day care if the center fails to meet all Federal requirements including the Federal Interagency Day Care Requirements (FIDCR). Under the old program there was no such specific prohibition.

Under the program ending September 30, 1975, States were required to establish their own acceptable standards for center care for infants and children under 3 years of age. Title XX requires Federal standards for care of infants and young children. The new standards call for one caregiver for each infant under 6 weeks of age and at least one for every four children from 6 weeks to 36 months of age.

Although recent controversy has centered primarily on child day care staffing standards, it should be noted that the Federal Interagency Day Care Requirements (FIDCR) are far more comprehensive, dealing with these nine broad areas:

- Day Care Facilities
- Environmental Standards
- Educational Services
- Social Services
- Health and Nutrition Services
- Training of Staff (including all caregivers)
- Parent Involvement
- Administration and Coordination
- Evaluation

Except for the Educational Services component (now recommended rather than required) and the staffing standards for school aged children (somewhat relaxed under title XX) compliance with the 1968 FIDCR comprehensive body of requirements is mandated by title XX.

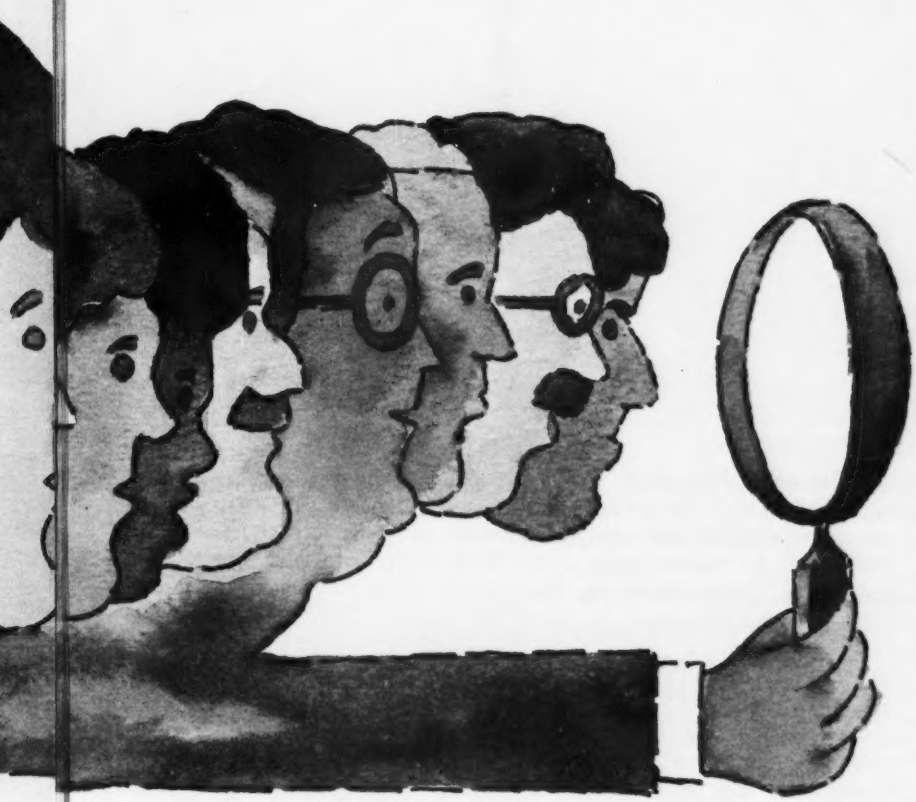
The Federal role in day care standards goes back to the 1960's and is rooted in growing concern over children found in poor and hazardous situations.

The history

The Economic Opportunity Act (EOA) of 1964, as amended in 1968, directed the Secretary of HEW and Director of the Office of Economic Opportunity to establish a common set of day care standards. The standards—known as the Federal Interagency Day Care Requirements (FIDCR)—were published in September 1968 as a result of long efforts by experts from HEW and private sectors.

As regulatory points, the FIDCR were vague and lacked measurable indicators of compliance. Attempts were made to revise and improve the FIDCR in 1972, in anticipation of welfare reform legislation which, however, did not pass. Later amendments to the EOA required that revisions be "no less comprehensive" than the 1968 FIDCR.

When Title XX of the Social Security Act was signed by the President in 1975 it established a new set of FIDCR applying to day care provided as social services.



The Department of Health, Education, and Welfare has until mid-1977 to make its recommendations to Congress on the Federal requirements for child day care centers contained in Title XX of the Social Security Act.

The standards are the subject of broad, intensive study within HEW and by private research groups. A special FIDCR appropriateness study committee has been formed in HEW, composed of policy staff and day care experts from the Office of Human Development and the Social and Rehabilitation Service, and chaired by the Office of the Assistant Secretary for Planning and Evaluation. Its purpose is to make recommendations on monitoring and enforcement of the FIDCR and to prepare the report to Congress. HEW also has initiated dialogues on FIDCR questions with individual parents and concerned organizations, with child experts and Congressional leaders, with State Governors and trade union leaders, among others.

Report evaluation criteria

In preparing its report to Congress, HEW is evaluating the day care requirements set by the 1975 law. It will make recommendations concerning further regulations which may be issued 90 days after the report is transmitted to Congress. The following are primary questions the FIDCR committee has identified as relevant for evaluating the FIDCR:

1. *Role of governments*. What is the moral and legal rationale for the Federal Government's involvement in child day care? What is the rationale for State involvement in setting standards for child day care? What should be the relationship between Federal Government and the States in the area of child day care, standard setting, financing? What is the Federal Government's present role in the provision of child day care, standard setting, and assurance of quality?

2. *Description and assessment of Federal mechanisms, i.e., FIDCR*. How was the defined Federal role in standards for day care services conceptualized and carried out? What are the goals and assumptions under which the FIDCR were developed? What is the administrative framework under which the FIDCR operate?

3. *Impact on children and quality of care*. What is the overall effect of FIDCR on children? Would the revision, addition or elimination of one or more of the FIDCR requirements have a positive or negative effect on the health, safety, socialization, or development of children in child care? Are special standards needed for the emotionally disturbed or the handicapped child in day care? Should different standards be developed for children of different ages?

4. *Costs of the FIDCR and the impact of cost on market distribution of day care and relationship to consumer preference*. What are the incremental costs of the various requirements? At what level of cost will consumer, parents, or State agencies refuse to pay for care which meets FIDCR? Do the FIDCR tend to cause segregation of children because of socioeconomic status? How do the FIDCR affect the availability of alternative modes of day care in a community? How do the FIDCR affect the demand for day care services?

5. *Objectives of Title XX*. Are the FIDCR related to the Title XX objectives: to achieve or maintain economic self-support and/or self-sufficiency; to prevent or remedy child neglect, abuse, or exploitation; and to prevent or reduce inappropriate institutional care?

6. *Ability to interpret, measure, and administer*. Are the FIDCR understandable? Can one measure or determine compliance with them? What are the administrative costs of monitoring and enforcement?

Information gathering activities

HEW will carry out a number of other efforts to evaluate the FIDCR. Three types of data-gathering activities are being pursued: (1) field studies, (2) state of the art (synthesis) papers, and (3) informal discussions, public hearing, task forces/conferences, and position papers.

Field studies

1. *Quality of Care and Impact on Children*. ABT Associates and Stanford Research Institute are the contractors for the *National Day Care Center Cost Effect Survey*, a 3-½-year study funded by the Office of Child Development (OCD) for $5 million. The study involves 64

day care centers in Atlanta, Detroit, and Seattle. It seeks to measure the costs and associated benefits resulting from different child staff ratios, group sizes and staff qualifications for children aged three, four and five. It is divided into three phases:

Phase I: Site selection and development of data-gathering instruments was completed in July 1975.

Phase II: Observation of children to determine what effect the centers have on knowledge and skills, learning style, social-emotional and physical development as well as general physical health. The study is to be completed by October 1976.

Phase III: Observation and analysis of significant variables identified during Phase II. The final interpretation of this data will be available in fall 1977.

2. *The National Family Day Care Home Cost Effect Study* is an OCD-proposed study which would parallel the day care center evaluation. It would look at such variables as how the number of children, their age distribution, the qualification of the caregiver, and isolation of program from support systems affect the quality of care provided in family day care homes. If undertaken, preliminary data will be available for inclusion in the report to Congress.

3. *The Child Development Associates Program* is an OCD-sponsored project for developing a competency-based training program and credential system for child caregivers. The results will help to determine whether the FIDCR staff competency requirements are appropriate.

4. *The West Virginia Paraprofessional Child Care System* is a two-year demonstration project sponsored by the Social and Rehabilitation Service (SRS) designed to improve family day care homes. Cost is $301,714.

Administration of Day Care and Standards

The State and Local Day Care Management Study, funded by SRS, examines the State governments' day care management systems. It is designed to evaluate financial administration and planning processes, provider certification or licensing, program development, and program monitoring processes. The criteria for determining recipient eligibility as well as the systems for information and referral will also be examined. The contractor is Pacific Consultants. Costs are $310,000. This study will be supplemented by the current indepth studies of State administrative practices presently taking place in HEW Region V (Chicago) and X (Seattle).

Impact on the Consumer and the Day Care Market

1. *The National Consumer Survey*, another OCD-sponsored study, prepared by UNCO, updates to 1975 the national picture of patterns of child care. It documents the unmet need for child care arrangements and identifies parents' perceptions of important features of day care arrangements and day care quality. Some 25,000 households were screened and approximately 4,600 mothers, with children under the age of 14, were interviewed during spring 1975. They were selected on a nationally representative basis. The study cost $550,000.

2. *The National Day Care Center Supply Study* is an OCD-sponsored study, contracted to ABT Associates at $200,000 for developing State-by-State profiles of day care centers. Descriptive information on day care centers will be collected on the range and types of services offered, center staff and clientele characteristics and program costs.

3. *The National Day Care Home Supply Study* is an OCD-proposed research project which will build on the data obtained during the National Consumer Study. It will attempt to supplement the National Day Care Center Supply study by collecting descriptive data on family day care home arrangements.

4. *Seattle/Denver Income Maintenance Experiment* is an ongoing 5 to 7-year experiment being conducted by Stanford Research Institute. One objective of the study relevant to the appropriateness report is the investigation of the relationship between the availability and use of day care services and labor force participation. Three reports about the demand for and supply of day care have been completed and three additional analyses are scheduled for 1976.

Monitoring and enforcement

The Federal Government has been lax in monitoring and enforcing the FIDCR. One result is a paucity of data concerning the degree of compliance to the requirements and the impact FIDCR has on the quality and quantity of day care arrangements and costs. In an effort to begin to deal with these issues and comply with legislative requirements, HEW has initiated enforcement and monitoring activities. A FIDCR monitoring guide developed by SRS has been field

tested and will be disseminated to Regional and State offices.

Synthesis papers

A series of papers will be commissioned from recognized experts in day care and child development. Generally, the paper will (1) synthesize the most important empirical findings, (2) identify the critical questions in organizing the literature and developing policy implications, and (3) present recommendations on day care policy and regulations.

To assure that various perspectives on the issues are represented, public interest groups and day care advocacy groups were contacted and asked to nominate individuals to prepare papers. The special HEW committee plans to solicit several papers on each topic from different individuals. The papers will be reviewed and analyzed by other knowledgeable people in the field to determine where there is general concensus and where there are areas of major contention. Subjects to be addressed are:

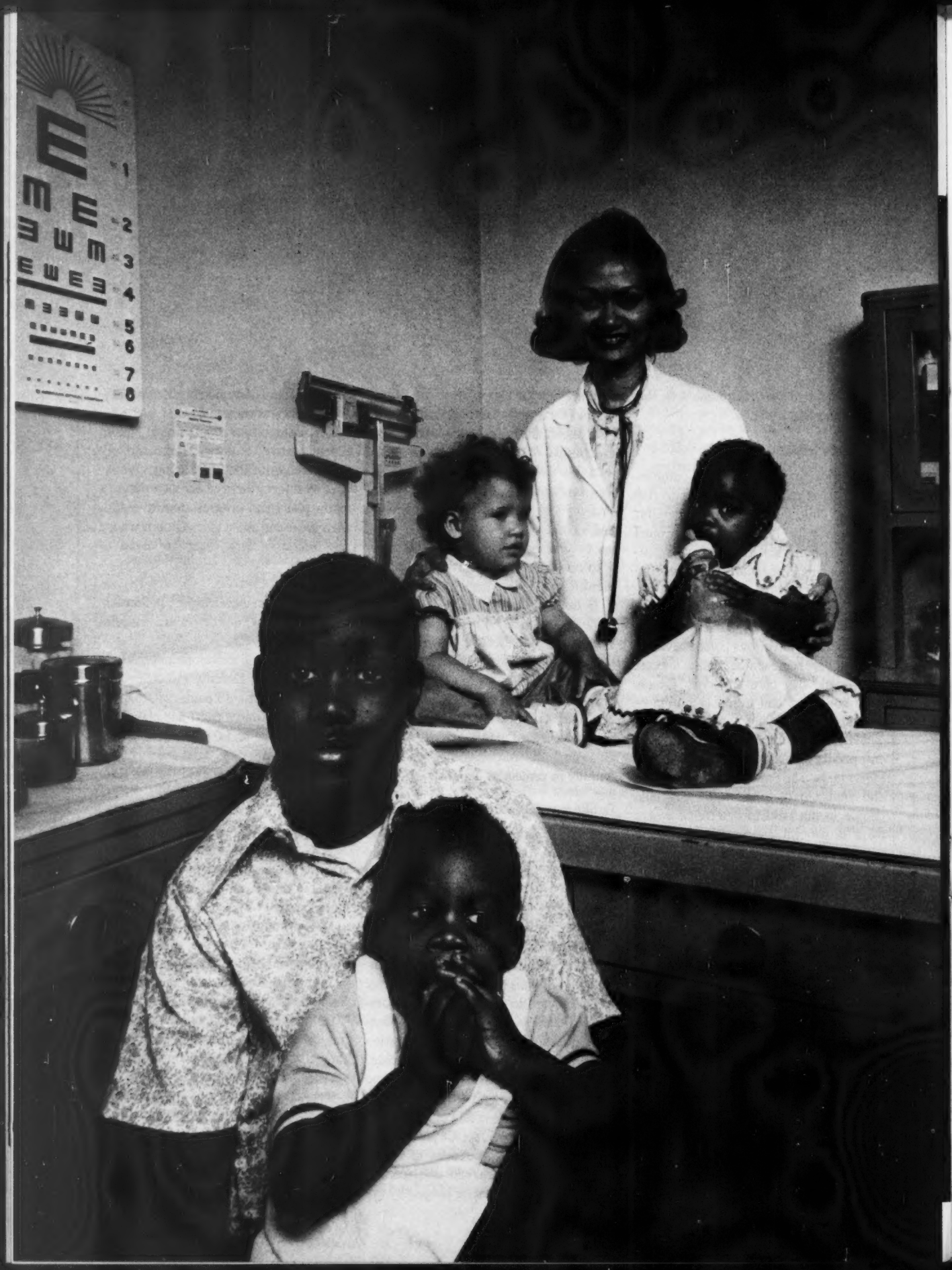
- *Effects of day care on specific age groups of children*—infants/toddlers, 0-3 years; preschoolers, 3-5 years; and school age, 6-15 years. This set of papers, two or three for each age group, will summarize the important variables that account for differences in effect of day care on infants, toddlers, etc. It will seek to determine whether the variables can be regulated and whether standards, if complied with, adequately guard against serious risks to the child.
- *Effects of staffing on children in day care*. This set of papers will deal with child-staff ratios and staff competency in relation to quality of day care. The papers will supplement the findings of the National Day Care Cost Effects Studies for 3 to 5-year-olds and will provide information related to other age groupings.
- *The relationship between the design and organization of the physical environment* of a day care arrangement and a child's behavior and health/safety needs. The paper will define the major features of the child's physical environment.
- *Legal Aspects of Federal Day Care Standards*. These papers will summarize State licensing law and practices as well as the present legal challenges to FIDCR. They will also focus on the legal precedents relating to Federal and State powers, to regulation of consumer goods and services, and the government's responsibility and limitations in protecting children.

Public participation

The FIDCR are considered controversial and they directly affect the people who administer, provide, and use day care services. As the FIDCR report to Congress will have significant impact on the day care world, it is imperative that the public participate in its development. Focus of much of the FIDCR committee's activity has been and will continue to be directed to assuring that the committee hears people's concerns, identifies questions and gathers information to sharpen the questions of the debate. The committee also actively solicits and listens to different opinions and perspectives. It attempts to create opportunities where differences in fact are resolved by information, and differences in values are resolved or sharpened into specific alternatives which can be judged by appropriate decision makers. More specifically, the committee has:

1. Arranged informal meetings with representatives of organizations directly concerned with the FIDCR day care issue, to inform them of the committee's study plans and progress and to solicit their ideas and assistance. Groups whose representative have been involved to date are:
   - AFL-CIO
   - American Academy of Pediatrics
   - American Public Welfare Association
   - Black Child Development Institute
   - Childrens; Defense Fund
   - Child Welfare League of America
   - Congressional Staff Members
   - Day Care and Child Development Council of America
   - National Association for the Education of Young Children
   - National Association of State Directors of Child Development
   - National Child Development and Education Association
   - National Council for Black Child Development
   - National Council on Children and Youth
   - National Governors Conference
2. Informally contacted experts in the field of day care and child development.
3. Visited different regions of the nation to observe centers and family day care homes and talked with people involved in day care.
4. Addressed conventions and meetings sponsored by groups concerned with day care.
5. Arranged a series of small discussion groups to discuss the study and solicit ideas. They have included parents,

Continued on page 28.



The Real Bottomline of EPSDT: Deric & Regina & James & Willie Gene

Don Kent

Numbers don't always tell the full story about social services and this is certainly true of the Early and Periodic Screening, Diagnosis, and Treatment Program. With thousands of youngsters to be screened, reexamined, treated, rescheduled, and further processed on any given day, faces can become blurred and the real value of medical services to the children can be overlooked. But when all the numbers are totaled, the real bottomline is how a child is given a better chance to become a healthy adult. This article is about how six of the 6,000 children screened on an average day got that chance.

Deric Babb appeared to be alert, happy, and healthy when he arrived at the Child Diagnostic Center with his mother and older brother. In fact, Deric's mother had not even intended him to be screened. The purpose of the trip was for her older son to receive a physical check-up. Luckily, the receptionist said Deric could be screened while his older brother received a check-up.

Deric's tests showed a high level of lead in his blood. A second sample confirmed this. And a third sample, sent to the Center for Disease Control in Atlanta, yielded one of the highest lead readings on the West Coast, Contra Costa medical officials say. If the condition had continued, Deric would have suffered brain damage. By the time he entered first grade, he would have become mentally retarded, with no one perhaps knowing why.

Almost immediately after the tests, doctors ordered rigorous hospital treatment to reduce the lead in Deric's system. And a search was started for the source of the lead poisoning. Tests of paint from his parents' home and his grandmother's, where he often stayed, proved negative. The health officials started to screen his playmates, his peers, and other children who had been cared for by his grandmother, some of them then scattered about the country. Some of these children also had high lead levels.

Deadly dirt

Deric was released from the hospital after a long and costly cure had brought the lead readings down to a satisfactory level.

But within a month, the lead count soared again. Investigators were baffled. Where was the poison coming from?

At last someone noticed—Deric put mud in his mouth when he played in his nursery school yard. The lead in Deric's body must have been coming from the ground—soil tests confirmed this.

Years before the nursery school was built, the grounds were used for scraping down and repainting Pullman railway cars and emptying batteries and paint products from an automobile body shop. The surface of the soil still had enough lead to be deadly to anyone ingesting it.

This discovery led to a mass screening and treatment of all children of the area, and to an extensive testing of the surface ground, much of it now covered with old and new housing developments.

Where lead traces were found, as in the school grounds, the soil was removed or covered over with concrete.

No doctor in county

There is no physician in Dawson County, a county which straddles Georgia's segment of the Blue Ridge Mountains. Here three generations of Willie Gene Mullins' family have lived, removed from health care services. But when the attractive 17-year-old girl began to slur her words and lose her fine singing voice, her mother took her for an EPSDT examination. The nurse doing the screening referred Willie Gene to a physician in an adjoining county who diagnosed her condition as goiter traceable to an iodine deficiency. But while this condition was being brought under control the physician sent her to specialists at Emory University Medical School in Atlanta to check out other unidentified problems. There she was found to have galactosemia, a rare blood disease of genetic origin.

Persons afflicted with galactosemia cannot metabolize galactose in food. The disease is curable if detected at birth. But in Willie Gene's case, it must now be controlled through drugs and diet.

Medical researchers at Emory University screened the entire Mullins family and discovered two of Willie Gene's sisters are carriers of the trait. The whole family received genetic counseling. And though Willie Gene is afflicted personally, she is not a carrier. Now that her unusual problem is detected, no other member of her family need fear becoming a victim.

In neighboring Hall County in northwest Georgia, five-year-old Ronald Trigg now has orthopedic shoes to correct his stumbling gait, thanks to an EPSDT examination. He is one of hundreds of Hall County children whose problems with vision, hearing, mental health and general development were de-

tected and diagnosed through EPSDT screening.

Georgia screened about 90,000 children last year, almost twice as many as the year before. About 292,000 Georgia children are eligible for EPSDT.

Diabetes discovered

One of the common conditions found in EPSDT screening is umbilical hernia. Ten-year-old Regina Farmer was one of 1,500 children who monthly arrive for screening in Memphis, Tennessee. Regina was brought in to determine if she needed glasses, but the umbilical hernia was so serious that it required prompt surgery if further complications were to be prevented.

After three days in Children's Hospital in Memphis and a brief recovery period at home, Regina was back in school, free from the irritating condition which she and her mother had come to accept as something she would have to live with all her life.

Regina's brother Reginald, brought in the same day for eye examination, showed a plus-3 urinalysis reading for glucose.

"It's a wonder Reginald didn't go into a diabetic coma," the nurse said.

He was hospitalized immediately. After a week his blood sugar level was reduced enough for him to go home. With diet and insulin, Reginald Farmer can now keep his diabetes under control.

Mobile clinic

In Maryland's Washington County, a mobile EPSDT clinic moves to neighborhood community centers so that parents will find it easier to bring in their children.

A typical "catch" in the Washington County clinic last year was four-year-old James Tosten's chronic ear condition. It was a perforated eardrum with a large draining opening. His mother knew of the condition for two years and said she had taken James to ear specialists. But she was unaware of the dangerous consequences if the condition remained neglected. Nor did she know it could be corrected by surgery. The pediatric nurse-practictioner running the EPSDT clinic put James on the right trail which ended in Johns Hopkins Hospital for needed surgery.

Knock on every door

Throughout the country, about 12 million children are eligible for EPSDT screening and treatment. The goal is to identify and serve their severe unmet health needs, to treat existing conditions, and to prevent needless illness and disability.

EPSDT is the first Federal health care program to have the potential to serve such a large proportion of needy children.

It is the largest Federal-State program to provide comprehensive care to this group, including vision, dental and hearing care.

Like many counties across the nation, it wasn't easy for Contra Costa County to get people interested when it first began the EPSDT program in 1974.

Newspaper announcements had little effect, TV spots only slightly more, and direct mailings to parents brought disappointing lack of reaction, according to Contra CostaCounty health officials.

What really mobilized the county was a one-to-one outreach program by community workers. They knocked on people's doors and signed up their children for screening appointments. It took a good outreach program and a Youth Council to motivate teenagers—plus publicity on near-tragic cases like Deric's—to get the EPSDT program moving fast.

For many of the youngsters rounded up by the outreach program the care was long overdue. For example, the mother of a six-year-old hypospadiac boy had grown accustomed to changing his clothes four or five times a day as he wet them. The doctor who assisted at the boy's birth had signaled the congenital defect of the urinary tract—an opening at the base of the penis. But no one followed up, and the parents forgot, while the child remained outside the normal health care delivery system until he encountered EPSDT and got the treatment he needed. More and more youngsters are making this lucky encounter with EPSDT as the program gains momentum in many parts of the nation. It is reaching into poverty groups, often in geographic areas where medical service was most lacking.

And EPSDT must be an outreach program. EPSDT requires the States actively to seek out all those eligible for the program and offer them services. The health of a large part of America's coming generation depends on how energetically and how well America's public officials and medical personnel pursue this responsibility. ■

Mr. Kent, an observer of the social and rehabilitation efforts in Europe and Africa, is an editor in SRS's Office of Public Affairs.

Memphis Press Scimitar John George

Mobile office issues stamps in Memphis

In an attempt to relieve overcrowding at food stamp offices around the first of the month, the Tennessee Department of Human Services has installed a mobile food stamp van in Memphis on a trial basis.

The van equipped as a food stamp issuance office, with a counter and teller window, is placed in front of the most crowded offices during peak rush periods and issues stamps to those already certified just as any other issuance office.

Human Services Commissioner Horace Bass says of the operation, "If this works as well as we think it might, we may look at the possibility of expanding to other cities.

Because of limited staff food stamp offices across the State experience lines and crowding at the first of the month when public assistance, social security, and other checks are issued. Officials point out, however, that if the department had sufficient staff and facilities for peak periods, the added staff and facilities would be underutilized during nonpeak periods. The mobile van may be the solution.

WIN training for income maintenance workers

Central Office and Regional Office Assistance Payments Administration staff, Work Incentive (WIN) staff, and representatives of OSORO Associates recently visited several local welfare offices to review training programs for income maintenance staff.

They visited offices in Cook County, Ill.; Wayne County, Mich.; Philadelphia; Baltimore; Kansas City, Kan.; and Dallas, seeking information on (1) the current status of income maintenance worker training, and (2) WIN related training needs.

OSORO Associates, under a Labor Department contract, will use the information to develop a training package and methodology to train all local income maintenance workers in their responsibilities identified with the WIN program.

Maine's AFDC rolls drop 20 percent

Maine's AFDC caseload has dropped 20 percent since April 1975, the lowest level since August 1973, according to Human Services Commissioner David E. Smith. The current caseload is 19,782.

Smith cited Federal statistics showing that the number of recipients in Maine declined by 14.8 percent from December 1974 to December 1975, the largest drop in the Nation.

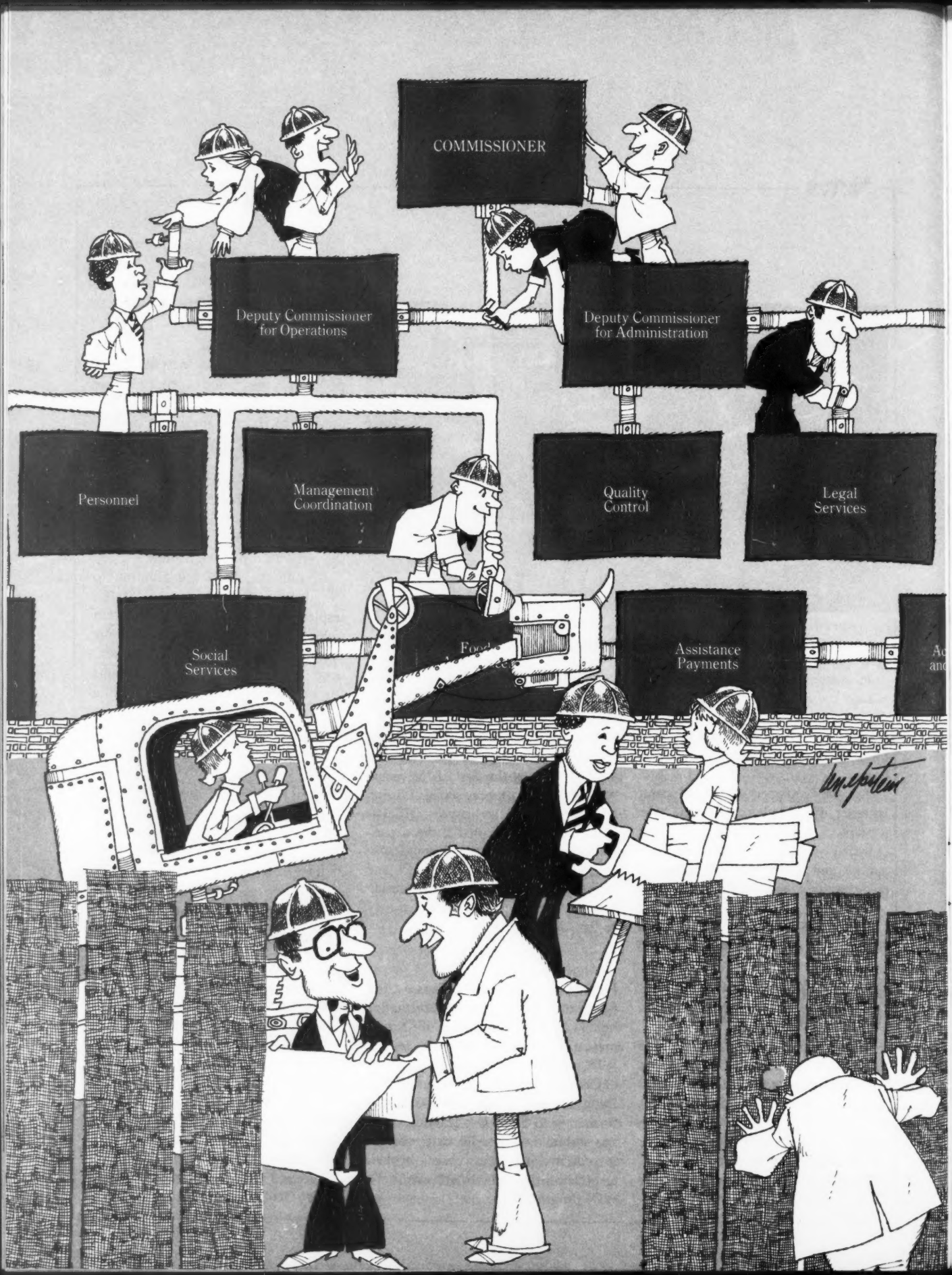
Among the steps contributing to the decline have been the State's implementation of ratable reduction (which increased the grants of some recipients but also made several hundred ineligible), stopping payments for unborn children, and tightening the requirement for stepparents to support their stepchildren.

A large part of the decline was due to the department's decision which allowed people to withdraw from the AFDC program without fear of prosecution when the State was initiating a policy of more verification of client's statements.

Vermont restricts welfare for singles

The Governor of Vermont has signed legislation denying General Assistance to able-bodied persons who do not have minor dependents.

This legislation removes such persons from the welfare rolls, except under conditions set by the Social Welfare Department. Regulations have been issued by the department on "legitimate" barriers to employment such as age, location, and educational background, which will qualify a person for General Assistance.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Quality Control
Legal Services
Social Services
Assistance Payments

Building A Better Welfare Department

Employees rolled up their sleeves, huddled with consultants and did what employees of all State agencies would like to do– restructured their own operation.

Mississippi's Public Welfare Department was fragmented and scattered.

For example, statistics were handled in one office, automated data processing in another and information systems in a third.

Eighty-four welfare offices, many in sparsely populated areas, were administering programs with little staff and minimal supervision.

There was virtually no coordinating authority within the Department, thus units tended to operate as separate entities rather than parts of a whole.

And continuity suffered from the fact that Commissioners of Public Welfare were regularly changed by Mississippi Governors, themselves limited to 4 years in office.

Atop it all came Federal regulations ordering that the function of eligibility determination be separated from the social services staff.

Anticipation of severe problems in coping with the separation requirement gave a major stimulus to reorganizing the Public Welfare Department and improving its management mechanisms.

The 3-year plan for reorganizing the Department was funded by the Social and Rehabilitation Service with Section 1115 grants.

The Department's staff with the help of a consulting firm set about establishing a goal-oriented system for its social services by:

- Identifying, cataloging and comparing the services provided.
- Developing better mechanisms for focusing all resources of the Department on recipients' needs, whether supplied directly or by purchase agreements.
- Improving service delivery systems at State and local levels and with voluntary organizations.
- Identifying resources and making recommendations for improving Departmental planning as a continuous activity.

Total staff participation

Throughout the reorganization period, agency staff from all levels and assignments were intensely involved in all aspects of the project. Every member was involved at least to the extent of writing a job description reflecting his own duties.

Everyone in the Department had to take part in the transformation and see the results as their own creation. The consultants were sometimes described as "benign strangers" because the staff established goals and objectives themselves, tapping the consultants' knowledge and advice when necessary.

A task force on reorganization and eleven working groups were created in the Department. Ten of the working groups corresponded to main divisions and units of the Department. The eleventh working group, much larger than the others, focused on county office operations directly serving recipients.

The working groups, aided by expert consultants, studied each division, section and unit of the Department. They cataloged the kinds of services provided, staff numbers and classifications, and budgets of each service. Units with similar program goals were compared and classified. Where redundancies and duplications were found, staffs of each service were invited to participate in reconciling the overlaps and in shaping plans for improved service.

Four broad goals

As work progressed, specific objectives were spelled out. The first was to develop a more effective Department organization from top to bottom. At the summit, the creation of two Deputy Commissioner positions under the merit system was recommended to assure continuity and reduce the workload of the Commissioner. At the county level, the goal was to deploy personnel in the most practical and effective local operational

units. And within the Department, the stated objectives were to consolidate similar or related functions scattered among various units, and to develop a coordinating capacity among the reorganized sections.

The second broad goal was to develop mechanisms for more effective use of resources. Mississippi needed to develop supporting information systems to provide a base for planning, monitoring and evaluation. It also needed systematic methods for analyzing social service needs and resources in both public and private sectors, for planning social service programs, and for monitoring the delivery of services. And it needed means of measuring individual service plan outcomes as well as means of taking aggregate measures of cost-effectiveness.

Thirdly, the State wanted to improve service delivery systems themselves through testing, evaluating and documenting the effectiveness of different types of workers—both specialized and general workers—in various roles, and different approaches to supervision of agency service workers.

Fourthly and lastly, the State Welfare Department wanted to develop its planning capacity as a continuous and necessary activity by identifying staff responsibilities for planning and resource mobilization at the various levels in the organization at which it needed to be able to produce regularly the information required for planning purposes.

Objectives of service plans

The Department's service goals are broad statements of intent, not subject to direct measurement. But its objectives, as stated for the new Social Service Information System (MSSIS), are particular conditions which can be identified and can serve as milestones of the agency's progress toward its goals. They also serve as useful devices for a management-by-objectives approach to social services by the Department. Costs also can be attached to objectives and an agency can know what it has accomplished for what cost.

The objectives in the MSSIS which are linked to the goals of *employment*, *living arrangement*, and *protective status* are observable conditions or arrangements. Examples are, "employed full or part time, not self-supporting" linked to the goal of employment; "community based care in a foster home" linked to living arrangement; and "custody of the department" linked to protective status. Within the system, the worker uses a list of specific conditions to show where the client is at the beginning of the service plan (initial condition) and where the client is expected to be when the services can be terminated (objective condition). Taken together the initial and objective conditions show whether the intent of the service plan is to attain or maintain some condition within a goal.

For the remaining agency goals: management of personal affairs, management of parental responsibilities and self-determination in family planning, observable conditions are not readily identifiable on an individualized basis. How does one measure the prevention of a birth out of wedlock? For these goals, therefore, the system uses a judgmental outcome of "Self-sufficient in the determination or management of personal affairs, parental responsibilities or family planning." As a result, two judgmental conditions exist for these goals: the client is either self-sufficient or not self-sufficient. It is the judgment of the client which is to prevail. (If the agency must intervene to protect the individual, the goal is Protective Status which has an observable objective condition.)

Tracking the plan's progress

In setting up a service plan, the worker identifies the goal of the plan (one goal per plan) but he shows all of the conditions of the client; i.e., employment status, living arrangement, protective status, and status in respect to the management of personal, parental or family planning affairs. The goal of the service plan identifies the key objective condition.

The outcome of the service plan shows whether or not the key objective has been achieved. There also is provision in the system to show that a service plan has been closed without an outcome, such as when the client withdraws his request for services or the client is determined not to be eligible.

The following information is available through these modules:

1. The name of the primary client of the service plan.
2. The eligibility status and the special area, if any, of the primary client.
3. The goal of the primary client.
4. The from-to movement expected (objective) within the goal.
5. The services authorized for delivery.
6. The case member who will be the direct recipient of each service in the plan. This includes the primary client

and any necessary secondary clients.

7. The agency or individual who is to provide each service in the plan.

8. The status of each service in the plan (initiated and on-going, terminated) and the effective date of the status.

9. For purchased services, the date authorized for delivery of the service.

10. The current condition of the primary client in his movement from the initial condition to the objective condition.

11. The outcome of the service plan in terms of objective achievement.

Costs of services

The yet-to-be-implemented cost module of the system is designed to capture and store the cumulative service delivery cost of every service in the plan and the cumulative administrative costs allocated to it. Two types of cost data enter into the cost of a service—service delivery costs and other general and administrative costs.

The entry into MSSIS will indicate costs by service, by public or private purchase, by number of adult or child recipients, and by eligibility status. The combined entries can determine costs by special data, geographic area, service plans, goal achievement, and by any other data in the MSSIS data base.

Other payments can also be entered into the cost modules. Through an interface with the foster home board payroll, for example, board payments will be entered into the MSSIS. When the total amount of administrative costs is determined for a given period, this amount will be distributed proportionately among the services delivered during that time.

Designing new information system

The crucial job of creating a social service information system adapted to all the various present needs of the Public Welfare Department and its collaborating organizations started with the designation of a special committee. The committee was composed of agency staff, including State and local level social service staff, along with research and statistics personnel and systems support staff. With the help of contractor consultants, the committee settled on the Oklahoma Service System as a starting point for developing a system adapted to Mississippi's expected needs.

These special needs were stated as follows:

- The new MSSIS would be free standing and separate from Mississippi's Client Information System (190) already in use, but able to interface with it and with other systems such as the Supplementary Security Income System.
- The system would include all service programs: family, adult and child services programs under Title XX, Title IV-B, and IV-C and WIN as well.
- The system would be flexible and responsive to subsequent modification as necessary.
- The system would be simple and within the capabilities of the staff to use it, particularly in view of strong negative staff attitudes remaining from the experience Mississippi has had with the 190 system.
- The system would be responsive to the information needs of agency staff at all levels, allowing for production of information for any sub-unit of the Department, including individual workers.
- The system would be able to produce the required Federal social service program reports (including WIN) from the data base.

A main problem was getting the support and active participation of the openly skeptical agency staff members.

As a first step, many members of State and local agency staff were invited to a workshop aimed at developing implementation plans for MSSIS. From this workshop, in October 1973, a larger State Strategy Committee was formed to replace the small committee which guided the first stages of MSSIS development.

About 6 months later the system was given a test by six county departments and all of the WIN staff. Only the program part of the system was used in this 7-month test, and the program data were manipulated manually. "Change meetings" were held with the test staff and the State Strategy Committee so that adjustments could be made in the format of the input documents to facilitate their use by the workers. Data accumulated in the manual tests were loaded into automated files during October 1974. And since that time all data on new cases and updates on open cases have been handled by automated processing.

Statewide implementation of the program portion of the system took place during February 1975.

"The change brought about by implementation of the MSSIS has been successful for two basic reasons," says Mississippi Welfare Commissioner Max Cole. "The staff in this department responsible for implementation was also responsible for the design of the system,

therefore making it *their* system, not a product sold by a consulting firm. And secondly, as the necessary and expected subsequent changes came about in the system, the staff was again involved in the decision-making. Credit for the success of the MSSIS goes to those who implemented it—the county field and State office staff."

Information system structure

The MSSIS is structured by records or modules, case record, case member records, service plan records, and service records. Its modular structure permits the addition of modules or changes in existing modules without disruption of the whole.

The case record, essentially, is conceived as a "folder" for the capture, storage and retrieval of the substantive data contained in the other records. The person designated by the service worker as the case head gives his or her name to the case.

Case member records are set up for all persons identified as case members. But, service plans records are set up only on case members who are primary clients; i.e., a person with whom, or for whom, the agency has a service objective. Service records show which case members are receiving, or have received, what services from what providers. Attached to each service record is a proposed cost module (not yet implemented) for the capture of the service delivery cost and other administrative costs.

The new department structure

While the MSSIS was being developed, the Public Welfare Department was reorganizing.

The two Deputy Commissioner posts were approved and filled, giving a degree of continuity, direction and coordination lacking before.

One of the new Deputies—the Deputy Commissioner for Operations—assumed leadership and coordination of the program developers, program implementors and support services such as accounting, finance and personnel. The MSSIS and all other information services were also situated in his area. The new arrangement does away with the traditional concept of separation between "administrative" services and program services. Thus, it is conducive to communications and cooperation among the major agency functions, its developers feel.

The Deputy Commissioner for Administrator heads all of the investigative, control and review functions but none of the finance, budget and personnel functions usually associated with "administration."

If almost everything has changed at the State level, there is far less ostensible difference in the county units. None of the 84 county departments was consolidated or closed. But even there the reorganization has brought some advantages. Remote county seats are better linked to headquarters with a Social Service Information System which functions well. And with functions clearly defined, the isolated county worker now at least knows clearly where to look for help. ■

This article was taken from Final Report—Contractual Services Planning, *Mississippi State Department of Public Welfare, November 1975.*

Looking into Day Care

Continued from page 19.

providers, State administrators, child development specialists, and interest groups mentioned above.

These activities will continue, and the committee later plans to develop working task forces. These work groups, made up of FIDCR committee members, experts and others with related interests, will review issue papers and studies, prepare analyses, and develop specific recommendations for standards or regulations.

Information dissemination

The final area of committee activity is disseminating information about FIDCR and the development of the report and the recommendations.

In 1926, Ellen Potter wrote in her report *State Supervision of Placing Out Agencies*, "the power of the State to erect and enforce standards of child care rests upon the consent and cooperation of the agencies and institutions functioning in that field plus an educated general public sentiment."

The public is generally uninformed about the issues and controversies surrounding the FIDCR. And State and local governments are not uniformly supportive of the FIDCR. The purpose of the committee's information dissemination strategy will be to make the public more aware about day care standards and to facilitate a reasoned debate about the role of Federal Government in assuring quality day care. ■

Mr. Prosser, Director, Program Planning and Evaluation, Office of the Assistant Secretary for Planning and Evaluation, is Chairman of the Federal Interagency Day Care Requirements Policy Committee.

This poster is for children eligible for Medicaid and is available to state and county agencies in an 11"× 14" standup and a 20"× 23" wall size; blank space at bottom for agency address.

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